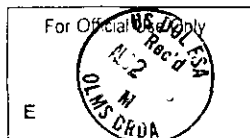


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>9089</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Oliver</u> <u>Gray</u> P.O. Box, Bldg., Room No., if any <u>Room 525</u> Street <u>125 Barclay Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10007</u>	4. Name, file number, and address of labor organization. Name <u>District Council 37 AFSCME, ACL-CIO</u> Labor Organization File Number <u>059403</u> P.O. Box, Building and Room Number, if any Street <u>125 Barclay Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>1000</u>
5. Position in labor organization. <u>Associate Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8 / 11 / 05
Date

212-815-1504

Telephone Number

Name of Person Filing <u>Oliver Gray</u>	File Number <u>U-</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Health Insurance Plan of New York

Trade Name, if any: HIP

P.O. Box, Bldg., Room No., if any: _____

Street 55 Water Street

City New York

State New York ZIP Code + 4 10041

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

11.a. Nature of such dealing.

HIP provides health insurance to some District Council 37 members employed by the City of New York and related public employees.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Business meal to discuss District Council 37/HIP matters as they pertain to District Council 37 members.

12.b. Amount. \$40.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Oliver Gray

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15 Union Square

City New York

State New York

ZIP Code + 4 10003

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Amalgamated Bank provides banking services to the Union.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Blanket received as holiday gift.

12.b. Amount. \$38.22

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

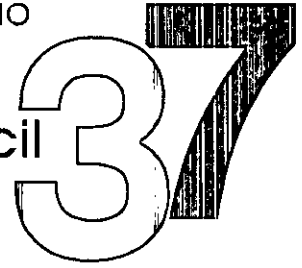
13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

American Federation of State, County & Municipal Employees, AFL-CIO
125 BARCLAY STREET • NEW YORK, NY 10007-2179

LEGAL DEPARTMENT
Telephone: 212-815-1450
Fax: 212-815-1440

District Council



EDDIE M. DEMMINGS
General Counsel

MARY J. O'CONNELL
Associate General Counsel

ROBIN ROACH
Senior Assistant General Counsel

August 16, 2005

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington, D.C. 20210

LM-30 for Oliver Gray, Associate Director of DC37
Additional page

Dear Sir or Madam:

Enclosed please find Mr. Gray's LM-30 for calendar year 2004. The document was originally sent to the department on August 11, 2005. Annexed and enclosed herewith is an additional page, noting the receipt of a blanket with a value in the amount of \$38.22, which was not originally enclosed. We regret the inconvenience.

Please do not hesitate to contact me if you have any questions.

Very truly yours,

Mary J. O'Connell

c: Oliver Gray
Eddie M. Demmings, Esq.